

County: Manitowoc
 NORTH RIDGE MEDICAL/REHABILITATION CENTER
 1445 NORTH 7TH STREET

Facility ID: 3370

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MANITOWOC 54220 Phone: (920) 682-0314
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 110
 Total Licensed Bed Capacity (12/31/02): 124
 Number of Residents on 12/31/02: 103

Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 106

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						42.7			
Supp. Home Care-Personal Care	No						42.7			
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	2.9	More Than 4 Years			14.6
Day Services	No		Mental Illness (Org./Psy)	3.9	65 - 74	13.6				-----
Respite Care	No		Mental Illness (Other)	1.0	75 - 84	39.8				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	39.8	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	1.0	95 & Over	3.9	Full-Time Equivalent			
Congregate Meals	No		Cancer	1.9		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	15.5		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	16.5	65 & Over	97.1	-----			
Transportation	No		Cerebrovascular	8.7		-----	RNs			11.3
Referral Service	No		Diabetes	1.9	Sex	%	LPNs			6.7
Other Services	Yes		Respiratory	10.7	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	38.8	Male	34.0	Aides, & Orderlies			
Mentally Ill	No			-----	Female	66.0				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	247		70	95.9	107	0	0	0.0	15	100.0	147	0	0	0.0	0	0	0.0	0	100	97.1
Intermediate	---	---	---		2	2.7	89	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		1	1.4	225	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Total	15	100.0			73	100.0			0	0.0		15	100.0		0	0.0		0	0.0		103	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
		Independent		One Or Two Staff				Residents	
Private Home/No Home Health	8.6	Bathing	15.5	65.0	19.4	103			
Private Home/With Home Health	0.0	Dressing	15.5	65.0	19.4	103			
Other Nursing Homes	2.9	Transferring	20.4	57.3	22.3	103			
Acute Care Hospitals	85.0	Toilet Use	20.4	60.2	19.4	103			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	78.6	14.6	6.8	103			
Rehabilitation Hospitals	0.0	*****							
Other Locations	3.6								
Total Number of Admissions	140	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	6.8	Receiving Respiratory Care	13.6				
Private Home/No Home Health	37.9	Occ/Freq. Incontinent of Bladder	44.7	Receiving Tracheostomy Care	1.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	23.3	Receiving Suctioning	1.0				
Other Nursing Homes	5.5			Receiving Ostomy Care	1.9				
Acute Care Hospitals	19.3	Mobility		Receiving Tube Feeding	0.0				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	27.2				
Rehabilitation Hospitals	0.0								
Other Locations	6.2	Skin Care		Other Resident Characteristics					
Deaths	31.0	With Pressure Sores	3.9	Have Advance Directives	100.0				
Total Number of Discharges		With Rashes	1.9	Medications					
(Including Deaths)	145			Receiving Psychoactive Drugs	56.3				